

Hartford Life Insurance Claim Form Instructions

PLEASE **SEND ALL LIFE INSURANCE CLAIMS TO DAS-HRE**, ATTN: LIFE INSURANCE. PLEASE DO NOT SEND LIFE INSURANCE CLAIMS DIRECTLY TO HARTFORD.

Page 1 of 7 – This is an informational and instructional page.

Page 2 of 7 – The Personnel Assistant completes this page:

Name of Insured Employee/Participant – Enter the employee's name.

Date of Birth – Enter the employee's date of birth.

Social Security Number – Enter the employee's Social Security Number.

Age – Enter the employee's age.

Address – Enter the employee's home address.

Telephone Number – For a life claim, leave this blank. For an accidental dismemberment claim, provide the employee's telephone number.

Claims Unit – Enter the appropriate code using the Hartford Life and LTD Claim Unit and Employee Branch Structure.

Employee Branch Unit – Enter the appropriate code using the Hartford Life and LTD Claim Unit and Employee Branch Structure.

Amount of Employee's Coverage Being Claimed:

Basic Life – Enter the amount of basic coverage (\$20,000) if the claim is for life insurance.

Basic AD&D – If the claim is for accidental death or dismemberment, enter the amount of basic coverage.

Supplemental/Voluntary Life – If the claim is for life insurance and the employee had supplemental life insurance coverage, enter the amount of supplemental coverage.

Are amounts indicated reduced due to age reductions on the policy? – If the employee is under the age of 65, check no; if over the age of 65, check yes.

Suppl/Voluntary AD&D – If the claim is for accidental death or dismemberment, enter the amount of supplemental coverage.

Date employee last physically reported to work – Enter the date the employee was last actively at work.

Reason employee did not return to work – If due to illness or medical leave, enter that information.

Was claim for Long Term Disability or Waiver of Premium ever approved?

You will generally check the "No" box, as life insurance claims for persons who were receiving Long Term Disability benefits are handled by DAS-HRE.

Employee's full-time employment – Enter the employee's beginning and ending dates of employment.

Group Policy Numbers – This information is pre-filled on the form:

- Life: 675831
- AD&D: 675831
- Voluntary AD&D: 41-ADD-S07951

Date of Retirement – If the employee retired, enter the date of retirement.

Date of Termination – If employment had been terminated, enter the date of termination of employment.

Date of Death or Injury – Enter the date the employee was injured or died.

Occupation – Enter the employee's job title.

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Has this employee requested conversion of this Group insurance to an individual policy? – If conversion forms were given to the employee, check “yes”.

Are there any absolute assignments on file? – In most cases, the answer to this question is “No”. If the insurance has been assigned, you should have a copy of the assignment in the employee’s file. In this situation, check “Yes”, and attach a copy of the assignment.

The most common reasons for assignments are the result of a court order in a divorce or, sometimes when people are partners in a business, each partner may assign their life insurance to the other partner(s). If an individual had an assignment, it would be kept in the employee’s file, and a copy would be maintained along with the life enrollment form and/or beneficiary designation.

Was an Accelerated Death Benefit/Living Benefit Option ever approved? – Check yes if the employee received a portion of their life insurance proceeds prior to their death due to being diagnosed with a terminal illness.

Is a Beneficiary Designation Card on File? – Check the appropriate box. If a beneficiary designation is on file, include a copy with the rest of the claim documentation.

Page 3 of 7 – Provide the information requested in the Employer Certification Section.

Page 4 of 7 – Beneficiary’s Statement. Enter the Name of Deceased and the Life Insurance policy number, which is 675831. If the claim is for an accidental death and the employee had supplemental life insurance coverage, also enter 41-ADD-S07951 in the policy number field. Each beneficiary must provide the information in the Medical Release Authorization section of the form. If additional forms are needed, please make copies. **Instruct the beneficiary(ies) to return this page to the Personnel Assistant.**

Page 5 of 7 – Claimant’s Statement of Accidental Death or Injury. This form must be completed by the beneficiary or employee **only if the claim is for an accidental death or injury**. If there is more than one beneficiary, only one must complete the form. If the claim is not for an accidental death or injury, this section of the claim form is not needed.

Pages 6 and 7– Attending Physician’s Statement Dismemberment – Loss of Sight/Hearing/Speech. The employee’s attending physician must complete these pages if the claim is for accidental dismemberment. If the claim is not for an accidental dismemberment, this section of the claim form is not needed.

The Personnel Assistant will assemble all sections of the claim, including an original death certificate and any other required documentation for submission to:

**DAS – HRE
Attn: Life Insurance
Hoover State Office Building
Des Moines, IA 50319-0150**